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| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Docket No. | D0188.70144US00 |
| | First Named Inventor or Application Identifier | |
| | FRIMER, Dr. Michael Lewis | |
| | Express Mail Label No. | EV292545761US |
| Date of Deposit | | January 12, 2004 |

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|---|--|
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i> | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total pages 21] 16 - pages description 1 - pages abstract 4 - pages claims 27 - Total claims 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 13] <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal [Total drawings 17] 5. <input type="checkbox"/> Oath or Declaration [Total pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). If 5b is checked the entire disclosure of prior applications, Serial No. _____ from which an oath or declaration is supplied, is considered as part of the disclosure of the accompanying application as is hereby incorporated by reference therein. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. 6. <input checked="" type="checkbox"/> Application Data Sheet, See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R, in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers/cover sheet & documents(s) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation of Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(ii) 17. <input type="checkbox"/> Other: _____ _____ _____ |

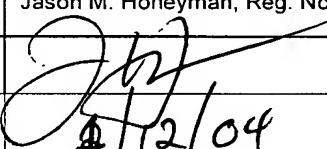
18. NOTE TO PRACTITIONERS: If a CONTINUING APPLICATION, supply the requisite priority or continuity information in (1) the body of the application, or in a preliminary amendment, and (2) in an Application Data Sheet under 37 CFR 1.76.

19. CORRESPONDENCE ADDRESS

Correspondence address below

CUSTOMER NUMBER:
23628

OR (do NOT use both)

| | | | | | |
|--|---|-----------|--|-----|--|
| ATTORNEY'S NAME | | | | | |
| FIRM NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | STATE | | ZIP | |
| COUNTRY | | TELEPHONE | | FAX | |
| 20. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | | | |
| NAME | Jason M. Honeyman, Reg. No. 31,624 | | | | |
| SIGNATURE |  | | | | |
| DATE | 4/12/04 | | | | |

Inventor(s): FRIMER, Dr. Michael Lewis

Serial No: Not yet assigned

Confirmation No.:

Filed: Herewith

CHECK BOX, if applicable:

For: IMPLANTABLE PROSTHESIS AND METHOD OF USE

☐ DUPLICATE

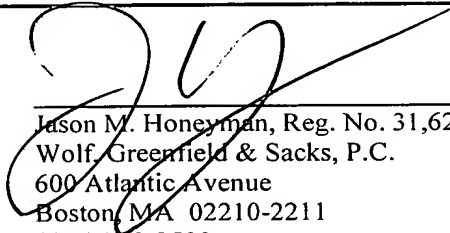
Fee Calculation Sheet

| CLAIMS | FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|--------|---|--------------|--------------|-------------------------------|-------------|
| | TOTAL CLAIMS (37 CFR 1.16(c)) | 27-20= | 7x | \$ 18.00 | = \$ 126.00 |
| | INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 2-3= | 0 x | \$ 86.00 | = \$ 0.00 |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) + | | | \$ | = \$ |
| | | | | BASIC FEE (37 CFR 1.16(a)) | \$ 770.00 |
| | Fee for Petition for Extension of Time (if any) | | | | \$ 0.00 |
| | Other Fees (if any) | | | | \$ 0.00 |
| | Total of above Calculations = | | | | \$ 896.00 |
| | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28) | | | | \$ 0.00 |
| | Assignment Recordation Fee (if any) | | | | \$ 0.00 |
| | TOTAL = | | | | \$ 896.00 |

1. A check in the amount of \$ 896.00 is enclosed.

General Authorization to Charge Deposit Account and General Request for Extension of Time

2. a. ☒ If the filing of any paper in this application necessitates the payment of a fee under 37 CFR §§ ☒ 1.16 or ☒ 1.17, and the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.
- b. ☐ The applicant hereby revokes any prior authorization to charge a fee due under 37 CFR §§ ☐ 1.16 ☐ 1.17 or ☐ 1.18.
3. If the filing of any paper in this application necessitates an extension of time under 37 CFR §1.136(a), the applicant hereby requests such extension of time. If the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.


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Date: January 12, 2004